



For tax years ending on or after December 31, 2021

Ind	icate what tax year you are amending: Tax year beginning month day		_, ending,	Enter the amount you				
If you are filing an amended return for tax years ending before December 31 , 2021 , you may not use this form. For prior years, see instructions to determine the correct form to use.								
St	tep 1: Identify your exempt organization		F Enter your federal employe	r identification number (FEIN).				
	Enter your complete legal business name.							
	If you have a name change, check this box.	Ш	G Check the applicable box f	or the type of change				
	Name:		being made.					
В	Enter your mailing address.		State change	Federal change				
	If you have an address change, check this box.	Ш	If a federal change, check	one:				
	C/O:		Partial agreed	Finalized				
	Mailing address:		Enter the finalization date					
	City: State: ZIP:		Attach your federal finaliz					
С	Throwback adjustment - see instructions.		H Check this box if you are t	·				
D	Double throwback adjustment - see instructions.		I Check this box if you are t					
Ε	Check this box if you are a 52/53 week filer.	$\overline{\Box}$	J Check this box if Schedule	e 1299-D is attached.				
7								
	Explain the changes on this return (Attach a separ	rate she	eet if necessary.):					
0-T.								
L-99								
Form IL-990-T-X-V here								
ĔĽ,	Cton O. Figure vous boos income and to a		Δ					
•	Step 2: Figure your base income or loss		As most recently	B Corrected				
			reported or adjusted (Whole dollars only)	amount (Whole dollars only)				
1	Unrelated business taxable income or loss		. "	. "				
	from U.S. Form 990-T, Line 11.	1 _	•00	1				
2	Illinois income and replacement tax and surcharge deducted in	_						
_	arriving at Line 1.	2 _	<u>•00</u>	2				
3	Base income or loss. Add Lines 1 and 2.	3 _	<u>•00</u>	3				
	A If the amount on Line 5 is derived inside Illinois only or if you are							
STC	from Step 2, Line 3 on Step 4, Line 12. You may not complete Step B If any portion of the amount on Line 3 is derived outside Illinois,							
	(Do not leave Lines 6 through 8 blank.) See instructions.	CHECK L	ins box and complete <u>an ines</u> o	i Step 3.				
CT-	an 2. Eigure veur income ellecchie te Illinois (2		and the short short state of the state of th	-l\				
	ep 3: Figure your income allocable to Illinois (Complete		ou cnecked the box on Line B	, above.)				
4	Business income or loss included in Line 3 from non-unitary partners!	nips,						
	partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	1	•00	4				
5	Business income or loss. Subtract Line 4 from Line 3.		•00	5				
	Total sales everywhere. This amount cannot be negative.		•00	6				
	Total sales inside Illinois. This amount cannot be negative.		•00	7				
	Apportionment Factor. Divide Line 7 by Line 6. Round to six decimal places.		•00	8 .				
	·	0 _	•	·				
9	Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8.	9	•00	9 •00				
10	Business income or loss apportionable to Illinois from non-unitary	J _	<u> </u>	•00				
. 0	partnerships, partnerships included on a Schedule UB,							
	randon de la contra del la contra del la contra del la contra de la contra del la contra de la contra de la contra del la co							
	S corporations, trusts, or estates. See instructions.	10	<u>•00</u>	•00				
	S corporations, trusts, or estates. See instructions. Base income or loss allocable to Illinois. Add Lines 9 and 10.			0 <u>•00</u>				



			As most recently		B Corrected
Step	4: Figure your net replacement tax		reported or adjusted		amount
	Net income or loss from Line 3 or Line 11.		•00	<u> </u>	<u>•00</u>
13	Replacement tax. Corporations: multiply Line				
	Trusts: multiply Line 12 by 1.5% (.015).	13 _	•00	13	•00
	Recapture of investment credits. Attach Schedu	le 4255. 14 _	•00		•00
	Replacement tax before investment credits. Add	Lines 13 and 14.	•00) 15	•00
	Investment credits. Attach Form IL-477. Net replacement tax. Subtract Line 16 from Line	10 _	•00	2 10	•00
17	If the amount is negative, enter zero.		•00	17	•00
		17_	•00	2 17	
-	5: Figure your net income tax	40	0.0		00
	Net income or loss from Line 12.	18 _	• <u>00</u>		• <u>00</u>
_	Income tax. See Instructions.		• <u>0(</u>		• <u>00</u>
	Recapture of investment credits. Attach Schedu Income tax before credits. Add Lines 19 and 20.		•00		•00
	Income tax credits. Attach Schedule 1299-D.		•00		•00
	Net income tax. Subtract Line 22 from Line 21.	22 -	•••	2 22 .	
20	If the amount is negative, enter zero.	23	•00) 23	•00
	The amount is negative, enter zero.				
Ster	6: Figure your refund or balance du	e			
	Net replacement tax from Line 17.		•00	24	•00
	Net income tax from Line 23.		•00		•00
26	Compassionate Use of Medical Cannabis Progra	am Act surcharge			
	See instructions.	26 _	<u>•00</u>		<u>•00</u>
27	Sale of assets by gaming licensee surcharge. Se	ee instructions. 27 _	<u>•00</u>	<u>27</u>	<u>•00</u>
28	Total net income and replacement taxes and	surcharges.			
	Add Lines 24 through 27.	28 _	•00	<u>28</u> .	<u>•00</u>
29	Payments. See instructions.				
	a Credit from prior year overpayments.				•00
	b Total payments made before the date this ame	nded return is filed.		29b	<u>•00</u>
	c Pass-through withholding reported to you on	(-) K 4 D - : K 4 T		00-	•00
	Schedule(s) K-1-P or K-1-T. Attach Schedule			29C .	<u>•00</u>
	d Pass-through entity tax credit reported to you. Attach Schedule(s) K-1-P or K-1-T.			204	•00
	e Illinois income tax withholding. Attach Form(s) W-2G			•00
30	Total payments. Add Lines 29a through 29E.) VV 2G.			•00
	Previously paid penalty and interest. See instruction	tions.			•00
	Total amount of overpayment (including any carr		e filing of this return		
	for the year being amended. See instructions.	,	J	32	•00
33	Add Lines 31 and 32.			33	<u>•00</u>
	Net tax paid. Subtract Line 33 from Line 30.				• <u>00</u>
	Overpayment. If Line 34 is greater than Line 28,				<u>•00</u>
36	Amount of overpayment from Line 35 to be cred			36	• <u>00</u>
	Check this box and attach a detailed statement if		a different FEIN. 🔲		00
	Refund. Subtract Line 36 from Line 35. This is the		046		•00
38	Tax due with this amended return. If Line 28 is		ct Line 34 from Line 2	28. 38 .	•00
	<u>=Note</u> You will be sent a bill for any additional p	enaity and interest.			
	If you owe tax on Line 38, complete a pay.	ment voucher, Form IL-990-	T-X-V. Write your FE	IN, tax year ei	nding, and
	"IL-990-T-X-V" on your check or money or voucher and payment to the front of this f	der and make it payable to	'Illinois Department	of Revenue."	Attach your
	Enter the amount of your payment on the	top of Page 1 in the space p	orovided.		
Ster	7: Sign below - Under penalties of perjury, I state	te that I have examined this return	and to the best of my ki	nowledge it is true	e correct and complete
Sign		is that that saarmies the folder	and, to the boot of my ha		neck if the Department
Here			()		scuss this return with the
Here	Signature of authorized officer Date (mm/dd/yy	yy) Title	Phone		eparer shown in this step.
			T T	Check	
Paid	Print/Type paid preparer's name	Paid preparer's signature	Date (mm/dd/yy	1,4	
Prep	arer Firm's name	a.a proparor o dignaturo	<u> </u>	Firm's FEIN	r aid r Topuloto i i i i i
Use	Only				`
	Firm's address			Firm's phone)

IL-990-T-X Back (R-12/21)

Mail this return to: Illinois Department of Revenue, PO Box 19016, Springfield, IL 62794-9016